

Hospital-acquired conditions that could reduce Medicare payments

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In its Final Rule, CMS lists the hospital-acquired conditions that it will use to meet the Deficit Reduction Act (DRA) requirements. Beginning in FY2009 (Oct. 1, 2008), cases with these conditions will not be paid at a higher rate unless the conditions were present on admission.

CMS partnered with the Centers for Disease Control and Prevention (CDC) to identify a list of 13 potential high-volume, hospital-acquired conditions that hospitals could have reasonably prevented. CMS also worked with CDC to propose financial penalties for when these conditions occur. Besides the CDC, CMS also solicited input from hospital associations and other organizations. CMS applied the following criteria to select these conditions:

- High cost, high volume, or both
- Assignment of a case to a DRG that has a higher payment when the code is present as a secondary diagnosis
- Could reasonably be prevented through the application of evidence-based guidelines
- Easily identified by unique ICD-9-CM codes

In the Final Rule, CMS makes a final determination on each of the initial 13 conditions and two others that were suggested as follows:

Selected for FY 2009--

1. Catheter-associated urinary tract infection
2. Pressure ulcers
3. Object left in during surgery
4. Air embolism
5. Delivery of ABO-incompatible blood products
6. Vascular catheter-associated infections
7. Mediastinitis after coronary artery bypass graft (CABG) surgery (New)
8. Falls and fractures, dislocations, intracranial and crushing injury and burns

Not selected for FY 2009--

9. Staphylococcus aureus septicemia
10. Ventilator-associated pneumonia
11. Clostridium difficile-associated disease
12. Methicillin-resistant staphylococcus aureus infection
13. Surgical site infections
14. Surgery on wrong body part, wrong patient, or wrong surgery
15. Deep vein thrombosis (DVT)/Pulmonary Embolism (PE) (New)

To access the FY2008 IPPS Final Rule, [click here](#).

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